

7. That at least forty-five (45) days have elapsed since the death of the decedent.
8. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
9. That this affidavit specifically applies to real estate commonly known as 6615 California, Hammond, Indiana, and legally described as:

Lot 21 in Block 8 in Hessville Park Addition in the City of Hammond, as per plat thereof, recorded in Plat Book 17, page 14, in the Office of the Recorder of Lake County, Indiana.

Parcel # 45-07-09-230-004.000-023

THE FOREGOING STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY.

Document is NOT OFFICIAL!

Paul S. Cooper
Signature of Affiant

This Document is the property of the Lake County Recorder!

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Before me, Dawn Stanley, (title of officer) this 8 day of June, 2012 acknowledged the execution of the annexed Small Estate Affidavit.

Notary Public, State of IN

Printed Name: Dawn Stanley

Commission Expires: 7/29/18



PREPARED BY: RICK C. GIKAS, Attorney at Law
 & Mail TO: 414 E. 86th Avenue, Merrillville, IN 46410
 (219) 769-7405

"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law."

Daianna Tarton

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2940-99

CERTIFICATE OF DEATH

State No. STATE OF INDIANA

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-18-3

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED-NAME (First Middle Last) Paul Henry Shropshire		2. SEX Male	3a. TIME OF DEATH 2:45AM	3b. DATE OF DEATH (Month Day Yr) December 21, 1999	
4. SOCIAL SECURITY NUMBER 000-00-72	5a. AGE (Years) 72	5b. UNDER 1 YEAR Starts Day 1	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day Yr) May 25, 1927	
7. BIRTHPLACE (City and State or Foreign Country) Andersonville, TN	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A	9a. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) Community Hospital		9c. CITY/TOWN OR LOCATION OF DEATH Munster		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mobile Equipment Mechanic		12b. KIND OF BUSINESS INDUSTRY Manufacturing	
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY/TOWN OR LOCATION Gary		13d. STREET AND NUMBER 5968 W. 30th Avenue	
13e. ZIP CODE 46406	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) 8		18. FATHER'S NAME (First, Middle, Last) Walter Shropshire			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Marie Anderson		20a. INFORMANT'S NAME (Type/Print) Paula Sue Franz			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5968 W. 30th Avenue, Gary, IN 46400		20c. Relationship Daughter			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) December 23, 1999 Chapel Lawn Memorial Gardens		21c. LOCATION - City or Town State Schererville, Indiana	
22a. EMBALMER'S NAME Henry A. Gray		22b. EMBALMER'S LICENSE NO. FD29900123		22c. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Henry A. Gray</i>		24b. LICENSE NUMBER (of License) FD29900123	24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME EH19900009 Vigil Huber Funeral Home 7051 Kennedy Av., Hammond, IN 46323		
25. PART I. List the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Pulmonary Embolism					
DUE TO (OR AS A CONSEQUENCE OF) Disseminated Sepsis					
DUE TO (OR AS A CONSEQUENCE OF) Severe Aortic Stenosis					
DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>A. F. Siddiqi, M.D.</i>		29c. MEDICAL LICENSE NO. 07047964		29d. DATE SIGNED (Month Day Year) 12-23-99	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Alam Siddiqi, 10448 S. Pulaski, Oak Lawn, IL 60453					
31. HEALTH OFFICER'S SIGNATURE <i>(Alexander S. Williams) M.D.</i>					
32. DATE FILED (Month Day Year) December 28, 1999					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no) APR 07 2000	34d. DESCRIBE HOW INJURY OCCURRED HEALTH CARE
35a. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		35b. LOCATION (Street and Number or Rural Route Number, City or Town State) DEC 28 1999			
36. DATE PRONOUNCED DEAD (Month, Day, Year)		36a. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian 00558			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Unit #14
Key # 49-488-5
J.H. Wein Block Oak Sub Lot #5 Block 2

